

**FEC
FORM 3X****REPORT OF RECEIPTS
AND DISBURSEMENTS**
For Other Than An Authorized Committee

Office Use Only

1. NAME OF
COMMITTEE (in full)**USE FEC MAILING LABEL
OR TYPE OR PRINT**Example: If typing, type
over the lines

American Academy of Family Physicians Political Action Committee

ADDRESS (number and street)

2021 Massachusetts Avenue, NW

☐Check if different
than previously
reported. (ACC)

Washington

DC

20036

2. **FEC IDENTIFICATION NUMBER**

CITY

STATE

ZIP CODE

C00411553

3. IS THIS
REPORT☒NEW
(N)

OR

☐AMENDED
(A)4. **TYPE OF REPORT**

(Choose One)

(a) Quarterly Reports:

☐April 15
Quarterly Report (Q1)☐July 15
Quarterly Report (Q2)☐October 15
Quarterly Report (Q3)☐January 31
Quarterly Report (YE)☐July 31 Mid-Year
Report (Non-election
Year Only) (MY)☐Termination Report
(TER)(b) Monthly
Report
Due On:☐

Feb 20 (M2)

☒

May 20 (M5)

☐

Aug 20 (M8)

☐Nov 20 (M11)
(Non-Election
Year Only)☐

Mar 20 (M3)

☐

Jun 20 (M6)

☐

Sep 20 (M9)

☐Dec 20 (M12)
(Non-Election
Year Only)☐

Apr 20 (M4)

☐

Jul 20 (M7)

☐

Oct 20 (M10)

☐

Jan 31 (YE)

(c) 12-Day
PRE-Election
Report for the:☐

Primary (12P)

☐

General (12G)

☐

Runoff (12R)

☐

Convention (12C)

☐

Special (12G)

Election on

☐☐☐in the
State of☐(d) 30-Day
Post -Election
Report for the:☐

General (30G)

☐

Runoff (30R)

☐

Special (30S)

Election on

☐☐☐in the
State of☐

5. Covering Period

04

01

2008

through

04

30

2008

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete.

Type or Print Name of Treasurer

Randell K. Wexler, MD

Signature of Treasurer

Electronically Filed by Randell K. Wexler, MD

Date

05

20

2008

NOTE : Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 2 U.S.C 437g.

Office
Use
Only**FEC FORM 3X**
(Rev. 12/2004)

SUMMARY PAGE OF RECEIPTS AND DISBURSEMENTS

FEC Form 3X (Rev. 02/2003)

Page 2

Write or Type Committee Name

American Academy of Family Physicians Political Action Committee

Report Covering the Period:

From:

M	M	D	D	Y	Y	Y	Y
0	4	0	1	2	0	0	8

To:

M	M	D	D	Y	Y	Y	Y
0	4	3	0	2	0	0	8

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1 2008		235731.96
(b) Cash on Hand at Beginning of Reporting Period	205393.56	
(c) Total Receipts (from Line 19)	50057.39	161708.49
(d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	255450.95	397440.45
7. Total Disbursements (from Line 31)	49627.66	191617.16
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	205823.29	205823.29
9. Debts and Obligations owed TO the committee (Itemize all on Schedule C and/or Schedule D)	0.00	
10. Debts and Obligations owed BY the committee (Itemize all on Schedule C and/or Schedule D)	0.00	

☒ This Committee has qualified as a multicandidate committee. (see FEC FORM 1M)

For further information contact:

Federal Election Commission
999 E street, NW
Washington, DC 20463

Toll Free 800-424-9530
Local 202-694-1100

DETAILED SUMMARY PAGE OF RECEIPTS

FEC Form 3X (Rev. 06/2004)

Page 3

Write or Type Committee Name

American Academy of Family Physicians Political Action Committee

Report Covering the Period:

From:

M M
0 4D D
0 1Y Y Y Y
2 0 0 8

To:

M M
0 4D D
3 0Y Y Y Y
2 0 0 8

I. Receipts	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
11. Contributions (other than loans) From:		
(a) Individuals/Persons Other Than Political Committees	20537.41	104537.41
(i) Itemized (use Schedule A)		
(ii) Unitemized	28556.14	54901.12
(iii) TOTAL (add Lines 11(a)(i) and (ii) ➤	49093.55	159438.53
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs)	0.00	0.00
(d) Total Contributions (add Lines 11(a)(iii), (b) and (c)) (Carry Totals to Line 33, page 5) ➤	49093.55	159438.53
12. Transfers From Affiliated/Other Party Committees	0.00	0.00
13. All Loans Received	0.00	0.00
14. Loan Repayments Received	0.00	0.00
15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5)	963.84	2269.96
16. Refunds of Contributions Made to Federal candidates and Other Political Committees	0.00	0.00
17. Other Federal Receipts (Dividends, Interest, etc.)	0.00	0.00
18. Transfers from Non-Federal and Levin Funds		
(a) Non-Federal Account (from Schedule H3)	0.00	0.00
(b) Levin Funds (from Schedule H5)	0.00	0.00
(c) Total Transfer (add 18(a) and 18(b)).	0.00	0.00
19. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c))	50057.39	161708.49
20. Total Federal Receipts (subtract Line 18(c) from Line 19)	50057.39	161708.49

DETAILED SUMMARY PAGE

of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 4

II. DISBURSEMENTS	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:		
(a) Shared Federal/Non-Federal Activity (from Schedule H4)		
(i) Federal Share.....	0.00	0.00
(ii) Non-Federal Share.....	0.00	0.00
(b) Other Federal Operating Expenditures.....	627.66	2117.16
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii) and (b)).....	627.66	2117.16
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	49000.00	189500.00
24. Independent Expenditure (use Schedule E)	0.00	0.00
25. Coordinated Expenditures Made by Party Committees (2 U.S.C. 441a(d)) (use Schedule F).....	0.00	0.00
26. Loan Repayments Made.....	0.00	0.00
27. Loans Made.....	0.00	0.00
28. Refunds of Contributions To:		
(a) Individuals/Persons Other Than Political Committees	0.00	0.00
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs)	0.00	0.00
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c))	0.00	0.00
29. Other Disbursements.....	0.00	0.00
30. Federal Election Activity (2 U.S.C 431(20))		
(a) Shared Federal Election Activity (from Schedule H6)		
(i) Federal Share	0.00	0.00
(ii) "Levin" Share	0.00	0.00
(b) Federal Election Activity Paid Entirely With Federal Funds	0.00	0.00
(c) Total Federal Election Activity (add Lines 30(a)(i), 30(a)(ii) and 30(b))....	0.00	0.00
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c))..	49627.66	191617.16
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	49627.66	191617.16

DETAILED SUMMARY PAGE

of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 5

III. Net Contributions/Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
33. Total Contributions (other than loans) from Line 11(d), page 3)	49093.55	159438.53
34. Total Contribution Refunds (from Line 28(d))	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	49093.55	159438.53
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)).....	627.66	2117.16
37. Offsets to Operating Expenditures (from Line 15, page 3)	963.84	2269.96
38. Net Operating Expenditures (subtract Line 37 from Line 36)	-336.18	-152.80

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 6 / 34

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

American Academy of Family Physicians Political Action Committee

A.

Full Name (Last, First, Middle Initial)

Charles Albert Ball, MD

Mailing Address Maury Regional Hospital
1224 Trotwood AveCity State Zip Code
Columbia TN 38401-4802FEC ID number of contributing
federal political committee.

C

Name of Employer
Maury Regional HospitalOccupation
Medical Director

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

360.00

Date of Receipt

M M / D D / Y Y Y Y
0 4 / 1 8 / 2 0 0 8

Transaction ID: C411942

Amount of Each Receipt this Period

360.00

B.

Full Name (Last, First, Middle Initial)

Thomas E Bat, MD

Mailing Address North Fulton Fam Medicine PC
3400 Old Milton Pkwy Ste 270City State Zip Code
Alpharetta GA 30005-4414FEC ID number of contributing
federal political committee.

C

Name of Employer
North Fulton Fam Medicine
PCOccupation
Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y
0 4 / 2 4 / 2 0 0 8

Transaction ID: C415506

Amount of Each Receipt this Period

1000.00

C.

Full Name (Last, First, Middle Initial)

Stephen Douglas Benold, MD

Mailing Address 105 Tanksley Cir

City State Zip Code
Georgetown TX 78628-5320FEC ID number of contributing
federal political committee.

C

Name of Employer
Williamson County TexasOccupation
Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

365.00

Date of Receipt

M M / D D / Y Y Y Y
0 4 / 0 9 / 2 0 0 8

Transaction ID: C409631

Amount of Each Receipt this Period

365.00

SUBTOTAL of Receipts This Page (optional)

1725.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 7 / 34

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Academy of Family Physicians Political Action Committee

A.

Full Name (Last, First, Middle Initial)

Nicholas P Bernier, MD

Mailing Address 523 N 3rd St

City

Brainerd

State

MN

Zip Code

56401-3054

FEC ID number of contributing
federal political committee.

C

Name of Employer
St. Joseph Medical Center

Occupation
Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

365.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 4 / 2 3 / 2 0 0 8

Transaction ID: C415004

Amount of Each Receipt this Period

365.00

B.

Full Name (Last, First, Middle Initial)

Kathleen A Bliese, MD

Mailing Address Employers Health Care
908 N Howard Ave Ste 108

City

Grand Island

State

NE

Zip Code

68803-3529

FEC ID number of contributing
federal political committee.

C

Name of Employer
Employers Health Care

Occupation
Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

365.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 4 / 1 8 / 2 0 0 8

Transaction ID: C411567

Amount of Each Receipt this Period

365.00

C.

Full Name (Last, First, Middle Initial)

Wesley G Bradford, MD

Mailing Address 5122 Oconto Ave

City

Rancho Palos Verde

State

CA

Zip Code

90275-3733

FEC ID number of contributing
federal political committee.

C

Name of Employer
Southern California Perma-
nente Medical

Occupation
Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 4 / 1 0 / 2 0 0 8

Transaction ID: C410000

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional)

980.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 8 / 34

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Academy of Family Physicians Political Action Committee

A.

Full Name (Last, First, Middle Initial)

Karen Brenke

Mailing Address Exec Vice Pres - MassAFP
PO Box 1406

City State Zip Code
Manchester MA 01944-0851

FEC ID number of contributing
federal political committee.

C

Name of Employer
Massachusetts Academy of
Family Physic

Occupation
Chapter Exec

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y
0 4 / 2 4 / 2 0 0 8

Transaction ID: C415504

Amount of Each Receipt this Period

500.00

B.

Full Name (Last, First, Middle Initial)

David Adam Carlyle, MD

Mailing Address PO Box 3014

City State Zip Code
Ames IA 50010-3014

FEC ID number of contributing
federal political committee.

C

Name of Employer
Family Medicine East

Occupation
Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2500.00

Date of Receipt

M M / D D / Y Y Y Y
0 4 / 2 3 / 2 0 0 8

Transaction ID: C415175

Amount of Each Receipt this Period

2500.00

C.

Full Name (Last, First, Middle Initial)

Patrick T Courneya, MD

Mailing Address 2450 Dunlap St N

City State Zip Code
Saint Paul MN 55113-3222

FEC ID number of contributing
federal political committee.

C

Name of Employer
Health Partners

Occupation
Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y
0 4 / 1 1 / 2 0 0 8

Transaction ID: C410030

Amount of Each Receipt this Period

300.00

SUBTOTAL of Receipts This Page (optional)

3300.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 9 / 34

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Academy of Family Physicians Political Action Committee

A.

Full Name (Last, First, Middle Initial)

John Howard Darnell, MD

Mailing Address Family Medicine Center PLLC
PO Box 987

City State Zip Code
Flatwoods KY 41139-0987

FEC ID number of contributing
federal political committee.

C

Name of Employer
Family Medicine Center,
PLLC

Occupation
Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

336.00

Date of Receipt

M M / D D / Y Y Y Y
0 4 / 2 2 / 2 0 0 8

Transaction ID: C414224

Amount of Each Receipt this Period

84.00

B.

Full Name (Last, First, Middle Initial)

Dennis M Dimitri, MD

Mailing Address 295 Lincoln St Ste 204

City State Zip Code
Worcester MA 01605-3639

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self Employed

Occupation
Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

365.00

Date of Receipt

M M / D D / Y Y Y Y
0 4 / 1 1 / 2 0 0 8

Transaction ID: C410014

Amount of Each Receipt this Period

365.00

C.

Full Name (Last, First, Middle Initial)

Thomas Allen Felger, MD

Mailing Address 51181 Kings Xing

City State Zip Code
Granger IN 46530-8812

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self Employed

Occupation
Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

M M / D D / Y Y Y Y
0 4 / 2 3 / 2 0 0 8

Transaction ID: C414902

Amount of Each Receipt this Period

400.00

SUBTOTAL of Receipts This Page (optional)

849.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 10 / 34

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Academy of Family Physicians Political Action Committee

A.

Full Name (Last, First, Middle Initial)

Bob Kelly Felty, MD

Mailing Address 126 Vintage Dr

City

Waxahachie

State

TX

Zip Code

75165-6510

FEC ID number of contributing
federal political committee.

C

Name of Employer
Midlothian Family Medicine

Occupation
Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 4 / 0 1 / 2 0 0 8

Transaction ID: C407648

Amount of Each Receipt this Period

300.00

B.

Full Name (Last, First, Middle Initial)

Richard M Fruehling, MD

Mailing Address Suite 400
2116 W Faidley Ave

City

Grand Island

State

NE

Zip Code

68803-4696

FEC ID number of contributing
federal political committee.

C

Name of Employer
Family Practice of Grand
Island

Occupation
Family Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

365.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 4 / 1 5 / 2 0 0 8

Transaction ID: C410546

Amount of Each Receipt this Period

365.00

C.

Full Name (Last, First, Middle Initial)

Susan J Gallo, MD

Mailing Address HC 30 Box 8180

City

Miles City

State

MT

Zip Code

59301-9702

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self Employed

Occupation
Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

365.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 4 / 1 5 / 2 0 0 8

Transaction ID: C410609

Amount of Each Receipt this Period

365.00

SUBTOTAL of Receipts This Page (optional)

1030.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 11 / 34

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Academy of Family Physicians Political Action Committee

A.

Full Name (Last, First, Middle Initial)

Roland Adolph Goertz, MD

Mailing Address 1600 Providence Dr

City

Waco

State

TX

Zip Code

76707-2261

FEC ID number of contributing
federal political committee.

C

Name of Employer
Family Practice Center

Occupation
Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 4 / 2 2 / 2 0 0 8

Transaction ID: C414227

Amount of Each Receipt this Period

100.00

B.

Full Name (Last, First, Middle Initial)

Thomas David Greer, MD

Mailing Address PO Box 360

City

Henrietta

State

TX

Zip Code

76365-0360

FEC ID number of contributing
federal political committee.

C

Name of Employer
T. David Greer and Associ-
ates

Occupation
Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

730.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 4 / 2 2 / 2 0 0 8

Transaction ID: C414401

Amount of Each Receipt this Period

730.00

C.

Full Name (Last, First, Middle Initial)

Daniel J Heinemann, MD

Mailing Address 1305 W 18th St
PO Box 5039

City

Sioux Falls

State

SD

Zip Code

57117-5039

FEC ID number of contributing
federal political committee.

C

Name of Employer
Sioux Valley Health Syste-
ms

Occupation
Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2000.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 4 / 2 2 / 2 0 0 8

Transaction ID: C414232

Amount of Each Receipt this Period

500.00

SUBTOTAL of Receipts This Page (optional)

1330.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 12 / 34

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Academy of Family Physicians Political Action Committee

A.

Full Name (Last, First, Middle Initial)

Andrea M Herman, MD

Mailing Address 1616 N 58th St

City

Omaha

State

NE

Zip Code

68104-4822

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self Employed

Occupation
Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
0 4 / 1 5 / 2 0 0 8

Transaction ID: C410540

Amount of Each Receipt this Period

250.00

B.

Full Name (Last, First, Middle Initial)

Creston C Herold, MD

Mailing Address West Shore Family Practice
6375 Mercury Dr Ste 200

City

Mechanicsburg

State

PA

Zip Code

17050-5282

FEC ID number of contributing
federal political committee.

C

Name of Employer
West Shore Family Practice

Occupation
Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
0 4 / 0 9 / 2 0 0 8

Transaction ID: C409617

Amount of Each Receipt this Period

250.00

C.

Full Name (Last, First, Middle Initial)

Scott Douglas Kirsch, MD

Mailing Address 507 Valley Forge Dr

City

Placentia

State

CA

Zip Code

92870-5031

FEC ID number of contributing
federal political committee.

C

Name of Employer
InterCommunity Family Med-
icine Associa

Occupation
Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

600.00

Date of Receipt

M M / D D / Y Y Y Y
0 4 / 0 7 / 2 0 0 8

Transaction ID: C408277

Amount of Each Receipt this Period

200.00

SUBTOTAL of Receipts This Page (optional)

700.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER: PAGE 13 / 34

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Academy of Family Physicians Political Action Committee

A.

Full Name (Last, First, Middle Initial)

Laura C Knobel, MD

Mailing Address 3 Freedom Way

City

Walpole

State

MA

Zip Code

02081-2290

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self Employed

Occupation
Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

365.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 4 / 1 6 / 2 0 0 8

Transaction ID: C411039

Amount of Each Receipt this Period

365.00

B.

Full Name (Last, First, Middle Initial)

James Paul La Roy, MD

Mailing Address 2701 Crescent Ridge Rd

City

Minnetonka

State

MN

Zip Code

55305-2809

FEC ID number of contributing
federal political committee.

C

Name of Employer
Richfield Medical Group

Occupation
Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 4 / 1 8 / 2 0 0 8

Transaction ID: C411293

Amount of Each Receipt this Period

300.00

C.

Full Name (Last, First, Middle Initial)

Robert A Lee, MD

Mailing Address 5501 NW 86th St

City

Johnston

State

IA

Zip Code

50131-1816

FEC ID number of contributing
federal political committee.

C

Name of Employer
Lee and Ruisch

Occupation
Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

365.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 4 / 0 8 / 2 0 0 8

Transaction ID: C409526

Amount of Each Receipt this Period

365.00

SUBTOTAL of Receipts This Page (optional)

1030.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER: PAGE 14 / 34

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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American Academy of Family Physicians Political Action Committee

A.

Full Name (Last, First, Middle Initial)

Gary L LeRoy, MD

Mailing Address 761 Kenilworth Ave

City

Dayton

State

OH

Zip Code

45405-4051

FEC ID number of contributing
federal political committee.

C

Name of Employer
Miami Valley Hospital

Occupation
Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

365.00

Date of Receipt

M M / D D / Y Y Y Y
0 4 / 1 6 / 2 0 0 8

Transaction ID: C411050

Amount of Each Receipt this Period

365.00

B.

Full Name (Last, First, Middle Initial)

Colleen C Lyons, MD

Mailing Address Aspen Family Medical
2874 N Carson St Ste 127

City

Carson City

State

NV

Zip Code

89706-0177

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self-Employed

Occupation
Family Medicine Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

700.00

Date of Receipt

M M / D D / Y Y Y Y
0 4 / 1 8 / 2 0 0 8

Transaction ID: C411295

Amount of Each Receipt this Period

700.00

C.

Full Name (Last, First, Middle Initial)

David Vincent Maruska, MD

Mailing Address Fond Du Lac Reg Cl
420 E Division St

City

Fond Du Lac

State

WI

Zip Code

54935-4560

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self Employed

Occupation
Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y
0 4 / 1 5 / 2 0 0 8

Transaction ID: C410577

Amount of Each Receipt this Period

300.00

SUBTOTAL of Receipts This Page (optional)

1365.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 15 / 34

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Academy of Family Physicians Political Action Committee

A.

Full Name (Last, First, Middle Initial)

Brian C Mehlhaus, MD

Mailing Address 1459 Nakota Pl

City

Boone

State

IA

Zip Code

50036-7617

FEC ID number of contributing
federal political committee.

C

Name of Employer
IA Health System

Occupation
Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

365.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 4 / 1 5 / 2 0 0 8

Transaction ID: C410637

Amount of Each Receipt this Period

365.00

B.

Full Name (Last, First, Middle Initial)

Lloyd Michener, MD

Mailing Address Duke University Medical Ctr
Box 2914

City

Durham

State

NC

Zip Code

27710-0001

FEC ID number of contributing
federal political committee.

C

Name of Employer
Duke University Medical
Ctr

Occupation
Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 4 / 1 3 / 2 0 0 8

Transaction ID: C410197

Amount of Each Receipt this Period

500.00

C.

Full Name (Last, First, Middle Initial)

Kevin P Mikus, MD

Mailing Address Conover Family Practice
PO Box 1239

City

Conover

State

NC

Zip Code

28613-1239

FEC ID number of contributing
federal political committee.

C

Name of Employer
Crown Health Care

Occupation
Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

272.73

Date of Receipt

M M / D D / Y Y Y Y Y
0 4 / 2 2 / 2 0 0 8

Transaction ID: C414236

Amount of Each Receipt this Period

90.91

SUBTOTAL of Receipts This Page (optional)

955.91

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 16 / 34

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Academy of Family Physicians Political Action Committee

A.

Full Name (Last, First, Middle Initial)

Kathleen J Miller, MD

Mailing Address S I U Decatur Fam Ctr
250 W Kenwood Ave

City State Zip Code
Decatur IL 62526-4371

FEC ID number of contributing
federal political committee.

C

Name of Employer
SIU School of Medicine

Occupation
Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

365.00

Date of Receipt

M M / D D / Y Y Y Y
0 4 / 1 8 / 2 0 0 8

Transaction ID: C411554

Amount of Each Receipt this Period

365.00

B.

Full Name (Last, First, Middle Initial)

Anne M Montgomery, MD

Mailing Address Family Medicine Spokane
104 W 5th Ave Ste 200W

City State Zip Code
Spokane WA 99204-4803

FEC ID number of contributing
federal political committee.

C

Name of Employer
Inland Empire Hospital Se-
rvices Associ

Occupation
Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

800.00

Date of Receipt

M M / D D / Y Y Y Y
0 4 / 2 2 / 2 0 0 8

Transaction ID: C414246

Amount of Each Receipt this Period

200.00

C.

Full Name (Last, First, Middle Initial)

Tomas P Owens, MD

Mailing Address Associate Director
3500 NW 56th St Ste 100

City State Zip Code
Oklahoma City OK 73112-4517

FEC ID number of contributing
federal political committee.

C

Name of Employer
Great Plains Family Medic-
ine

Occupation
Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

365.00

Date of Receipt

M M / D D / Y Y Y Y
0 4 / 2 4 / 2 0 0 8

Transaction ID: C415514

Amount of Each Receipt this Period

365.00

SUBTOTAL of Receipts This Page (optional)

930.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER: PAGE 17 / 34

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Academy of Family Physicians Political Action Committee

A.

Full Name (Last, First, Middle Initial)

Brian Robert Penti, MD

Mailing Address 309 Allston St Apt 6

City

Brighton

State

MA

Zip Code

02135-7629

FEC ID number of contributing
federal political committee.

C

Name of Employer
Boston Medical Center

Occupation
Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

365.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 4 / 1 1 / 2 0 0 8

Transaction ID: C410015

Amount of Each Receipt this Period

365.00

B.

Full Name (Last, First, Middle Initial)

Karla Graue Pratt

Mailing Address Executive Vice Pres - WA AFP
1050 140th Ave NE Ste C

City

Bellevue

State

WA

Zip Code

98005-2972

FEC ID number of contributing
federal political committee.

C

Name of Employer
Washington Academy of Fam-
ily Physician

Occupation
Executive Director

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

365.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 4 / 2 2 / 2 0 0 8

Transaction ID: C414400

Amount of Each Receipt this Period

365.00

C.

Full Name (Last, First, Middle Initial)

Cynthia M Ripsin, MD

Mailing Address 13614 Windlass Cir

City

Galveston

State

TX

Zip Code

77554-6457

FEC ID number of contributing
federal political committee.

C

Name of Employer
University of Texas Medic-
al Branch

Occupation
Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 4 / 2 4 / 2 0 0 8

Transaction ID: C415492

Amount of Each Receipt this Period

300.00

SUBTOTAL of Receipts This Page (optional)

1030.00

TOTAL This Period (last page this line number only)

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 18 / 34

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)

American Academy of Family Physicians Political Action Committee

A.

Full Name (Last, First, Middle Initial)

Russell G Robertson, MD

Mailing Address Northwestern University
990 N. Lake Shore DrCity State Zip Code
Chicago IL 60611-3006FEC ID number of contributing
federal political committee.**C**Name of Employer
Northwestern UniversityOccupation
Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	4		3	0		2	0	0	8

Transaction ID: C416630

Amount of Each Receipt this Period

300.00

B.

Full Name (Last, First, Middle Initial)

Susan J Robertson, MD

Mailing Address 1420 W Midway Blvd

City State Zip Code
Broomfield CO 80020-2090FEC ID number of contributing
federal political committee.**C**Name of Employer
Broomfield Family PracticeOccupation
Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

365.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	4		1	6		2	0	0	8

Transaction ID: C411045

Amount of Each Receipt this Period

365.00

C.

Full Name (Last, First, Middle Initial)

David Ruiz, MD

Mailing Address 107 Valley View Drive

City State Zip Code
Pismo Beach CA 93449-3403FEC ID number of contributing
federal political committee.**C**Name of Employer
Arroyo Medical Group, Inc.Occupation
Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

365.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	4		2	2		2	0	0	8

Transaction ID: C414426

Amount of Each Receipt this Period

365.00

SUBTOTAL of Receipts This Page (optional)

1030.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

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Detailed Summary Page

FOR LINE NUMBER: PAGE 19 / 34

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☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Academy of Family Physicians Political Action Committee

A.

Full Name (Last, First, Middle Initial)

Alan I Schwartzstein, MD

Mailing Address 753 N Main St

City

Oregon

State

WI

Zip Code

53575-1003

FEC ID number of contributing
federal political committee.

C

Name of Employer
Dean Health System

Occupation
Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

365.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 4 / 1 6 / 2 0 0 8

Transaction ID: C411069

Amount of Each Receipt this Period

365.00

B.

Full Name (Last, First, Middle Initial)

Michael Sevilla, MD

Mailing Address Family Practice Ctr of Salem
2370 Southeast Blvd

City

Salem

State

OH

Zip Code

44460-3498

FEC ID number of contributing
federal political committee.

C

Name of Employer
Family Practice Center of
Salem

Occupation
Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

365.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 4 / 1 6 / 2 0 0 8

Transaction ID: C411051

Amount of Each Receipt this Period

365.00

C.

Full Name (Last, First, Middle Initial)

Jean Sinkoff, MD

Mailing Address 24311 Majestic St

City

Oak Park

State

MI

Zip Code

48237-1794

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self Employed

Occupation
Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 4 / 1 1 / 2 0 0 8

Transaction ID: C410029

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional)

980.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

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Detailed Summary Page

FOR LINE NUMBER: PAGE 20 / 34

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☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Academy of Family Physicians Political Action Committee

A.

Full Name (Last, First, Middle Initial)

Albert L Smith, MD

Mailing Address 165 S 6th St

City

Raymondville

State

TX

Zip Code

78580-3521

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self Employed

Occupation
Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y
0 4 / 1 8 / 2 0 0 8

Transaction ID: C411552

Amount of Each Receipt this Period

500.00

B.

Full Name (Last, First, Middle Initial)

Joseph Douglas Smith, MD

Mailing Address Rockingham Family Physicians
1751 Erickson Ave

City

Harrisonburg

State

VA

Zip Code

22801-8555

FEC ID number of contributing
federal political committee.

C

Name of Employer
Rockingham Family Physi-
cians

Occupation
Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

365.00

Date of Receipt

M M / D D / Y Y Y Y
0 4 / 0 7 / 2 0 0 8

Transaction ID: C408274

Amount of Each Receipt this Period

365.00

C.

Full Name (Last, First, Middle Initial)

Glen R Stream, MD

Mailing Address 14408 E Sprague Ave

City

Spokane

State

WA

Zip Code

99216-2167

FEC ID number of contributing
federal political committee.

C

Name of Employer
Rockwood Clinic

Occupation
Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

480.00

Date of Receipt

M M / D D / Y Y Y Y
0 4 / 2 2 / 2 0 0 8

Transaction ID: C414294

Amount of Each Receipt this Period

165.00

SUBTOTAL of Receipts This Page (optional)

1030.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

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Detailed Summary Page

FOR LINE NUMBER: PAGE 21 / 34

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Academy of Family Physicians Political Action Committee

A.

Full Name (Last, First, Middle Initial)

Richard H Streiffer, MD

Mailing Address Tulane Univ Fam Comm Med
1430 Tulane Ave # TB3

City State Zip Code
New Orleans LA 70112-2632

FEC ID number of contributing
federal political committee.

C

Name of Employer
Tulane University

Occupation
Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

365.00

Date of Receipt

M M / D D / Y Y Y Y
0 4 / 1 6 / 2 0 0 8

Transaction ID: C411063

Amount of Each Receipt this Period

365.00

B.

Full Name (Last, First, Middle Initial)

Jay Patrick Taylor, MD

Mailing Address 6097 Sanctuary Garden Blvd

City State Zip Code
Port Orange FL 32128-7229

FEC ID number of contributing
federal political committee.

C

Name of Employer
Emergency Medicine Profes-
sionals

Occupation
Physicians

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

365.00

Date of Receipt

M M / D D / Y Y Y Y
0 4 / 1 5 / 2 0 0 8

Transaction ID: C410634

Amount of Each Receipt this Period

365.00

C.

Full Name (Last, First, Middle Initial)

Dennis Russell Thomas, MD

Mailing Address 3374 Greystone Way

City State Zip Code
Valdosta GA 31605-1096

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self Employed

Occupation
Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
0 4 / 1 5 / 2 0 0 8

Transaction ID: C410547

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional)

980.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

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Detailed Summary Page

FOR LINE NUMBER: PAGE 22 / 34

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Academy of Family Physicians Political Action Committee

A.

Full Name (Last, First, Middle Initial)

Nelson C Walker, MD

Mailing Address 34 Professional Park Rd

City

Storrs Mansfield

State

CT

Zip Code

06268-1659

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self Employed

Occupation
Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

365.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 4 / 2 4 / 2 0 0 8

Transaction ID: C415508

Amount of Each Receipt this Period

365.00

B.

Full Name (Last, First, Middle Initial)

Randell K Wexler, MD

Mailing Address 6040 Haybury Drive

City

new albany

State

OH

Zip Code

43054

FEC ID number of contributing
federal political committee.

C

Name of Employer
The Ohio State University

Occupation
Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1062.50

Date of Receipt

M M / D D / Y Y Y Y Y
0 4 / 2 9 / 2 0 0 8

Transaction ID: C416548

Amount of Each Receipt this Period

562.50

C.

Full Name (Last, First, Middle Initial)

David P Wright, MD

Mailing Address 1313 Red River St Ste 100

City

Austin

State

TX

Zip Code

78701-1923

FEC ID number of contributing
federal political committee.

C

Name of Employer
Seton Hospital

Occupation
Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

365.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 4 / 1 1 / 2 0 0 8

Transaction ID: C410005

Amount of Each Receipt this Period

365.00

SUBTOTAL of Receipts This Page (optional)

1292.50

TOTAL This Period (last page this line number only)

20537.41

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 23 / 34

(check only one)

<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input checked="" type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)

American Academy of Family Physicians Political Action Committee

A.

Full Name (Last, First, Middle Initial)

American Academy of Family Physicians

Mailing Address 11400 Tomahawk Creek Pkwy

City

Leawood

State

KS

Zip Code

66211-2672

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary
☐ Other (specify) ▼
☐ General

Aggregate Year-to-Date ▼

2269.96

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	4	/	0	7	/	2	0	0	8

Transaction ID: C409369

Amount of Each Receipt this Period

350.11

B.

Full Name (Last, First, Middle Initial)

American Academy of Family Physicians

Mailing Address 11400 Tomahawk Creek Pkwy

City

Leawood

State

KS

Zip Code

66211-2672

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary
☐ Other (specify) ▼
☐ General

Aggregate Year-to-Date ▼

2269.96

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	4	/	2	4	/	2	0	0	8

Transaction ID: C416114

Amount of Each Receipt this Period

613.73

SUBTOTAL of Receipts This Page (optional)

963.84

TOTAL This Period (last page this line number only)

963.84

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 24 / 34

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

American Academy of Family Physicians Political Action Committee

A.

Full Name (Last, First, Middle Initial)

American Express

Mailing Address PO Box 53852

City
Phoenix

State
AZ

Zip Code
85072-3852

Purpose of Disbursement
Bank card processing fee

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: D61299

Date of Disbursement

04 / 01 / 2008

Amount of Each Disbursement this Period

27.90

B.

Full Name (Last, First, Middle Initial)

American Express

Mailing Address PO Box 53852

City
Phoenix

State
AZ

Zip Code
85072-3852

Purpose of Disbursement
Bank card processing fee

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: D61300

Date of Disbursement

04 / 04 / 2008

Amount of Each Disbursement this Period

10.85

C.

Full Name (Last, First, Middle Initial)

American Express

Mailing Address PO Box 53852

City
Phoenix

State
AZ

Zip Code
85072-3852

Purpose of Disbursement
Bank card processing fee

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: D61301

Date of Disbursement

04 / 07 / 2008

Amount of Each Disbursement this Period

1.24

SUBTOTAL of Disbursements This Page (optional)

39.99

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 25 / 34

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

American Academy of Family Physicians Political Action Committee

A.

Full Name (Last, First, Middle Initial)

American Express

Mailing Address PO Box 53852

City
Phoenix

State
AZ

Zip Code
85072-3852

Purpose of Disbursement
Bank card processing fee

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: D61302

Date of Disbursement

/ /

Amount of Each Disbursement this Period

20.34

B.

Full Name (Last, First, Middle Initial)

American Express

Mailing Address PO Box 53852

City
Phoenix

State
AZ

Zip Code
85072-3852

Purpose of Disbursement
Bank card processing fee

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: D61303

Date of Disbursement

/ /

Amount of Each Disbursement this Period

11.32

C.

Full Name (Last, First, Middle Initial)

American Express

Mailing Address PO Box 53852

City
Phoenix

State
AZ

Zip Code
85072-3852

Purpose of Disbursement
Bank card processing fee

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: D61305

Date of Disbursement

/ /

Amount of Each Disbursement this Period

9.30

SUBTOTAL of Disbursements This Page (optional)

40.96

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 26 / 34

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

American Academy of Family Physicians Political Action Committee

A.

Full Name (Last, First, Middle Initial)

American Express

Mailing Address PO Box 53852

City
Phoenix

State
AZ

Zip Code
85072-3852

Purpose of Disbursement
Bank card processing fee

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: D61306

Date of Disbursement

/ /

Amount of Each Disbursement this Period

7.75

B.

Full Name (Last, First, Middle Initial)

American Express

Mailing Address PO Box 53852

City
Phoenix

State
AZ

Zip Code
85072-3852

Purpose of Disbursement
Bank card processing fee

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: D61307

Date of Disbursement

/ /

Amount of Each Disbursement this Period

14.42

C.

Full Name (Last, First, Middle Initial)

American Express

Mailing Address PO Box 53852

City
Phoenix

State
AZ

Zip Code
85072-3852

Purpose of Disbursement
Bank card processing fee

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: D61308

Date of Disbursement

/ /

Amount of Each Disbursement this Period

9.30

SUBTOTAL of Disbursements This Page (optional)

31.47

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 27 / 34

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

American Academy of Family Physicians Political Action Committee

A.

Full Name (Last, First, Middle Initial)

American Express

Mailing Address PO Box 53852

City
Phoenix

State
AZ

Zip Code
85072-3852

Purpose of Disbursement
Bank card processing fee

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: D61309

Date of Disbursement

04 / 28 / 2008

Amount of Each Disbursement this Period

4.19

B.

Full Name (Last, First, Middle Initial)

Bank Of America Merchant Services

Mailing Address WA2-505-01-40
PO Box 2485

City
Spokane

State
WA

Zip Code
99210-2485

Purpose of Disbursement
Bank fee - returned item

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: D61405

Date of Disbursement

04 / 17 / 2008

Amount of Each Disbursement this Period

5.00

C.

Full Name (Last, First, Middle Initial)

Bank Of America Merchant Services

Mailing Address WA2-505-01-40
PO Box 2485

City
Spokane

State
WA

Zip Code
99210-2485

Purpose of Disbursement
Bank processing fee

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: D61406

Date of Disbursement

04 / 30 / 2008

Amount of Each Disbursement this Period

34.65

SUBTOTAL of Disbursements This Page (optional)

43.84

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 28 / 34

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

American Academy of Family Physicians Political Action Committee

A.

Full Name (Last, First, Middle Initial)

Bank Of America Merchant Services

Mailing Address WA2-505-01-40
PO Box 2485

City Spokane State WA Zip Code 99210-2485

Purpose of Disbursement
Bank card processing fee

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: D61298

Date of Disbursement

04 / 01 / 2008

Amount of Each Disbursement this Period

424.48

B.

Full Name (Last, First, Middle Initial)

Discover Network

Mailing Address P O Box 52145

City Phoenix State AZ Zip Code 85072-2145

Purpose of Disbursement
Bank card processing fee

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: D61304

Date of Disbursement

04 / 02 / 2008

Amount of Each Disbursement this Period

46.92

SUBTOTAL of Disbursements This Page (optional)

471.40

TOTAL This Period (last page this line number only)

627.66

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 29 / 34

☐ 21b ☐ 22 ☒ 23 ☐ 24 ☐ 25 ☐ 26
☐ 27 ☐ 28a ☐ 28b ☐ 28c ☐ 29 ☐ 30b

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NAME OF COMMITTEE (In Full)

American Academy of Family Physicians Political Action Committee

A. Full Name (Last, First, Middle Initial) Andy Harris for Congress Mailing Address PO Box 1527	Transaction ID: D60961 Date of Disbursement <div> <div>M M / D D / Y Y Y Y</div> <div>0 4 / 1 0 / 2 0 0 8</div> </div>
City Annapolis State MD Zip Code 21404-1527 Purpose of Disbursement Campaign contribution Candidate Name Dr. Andrew P Harris Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: MD District: 01	Amount of Each Disbursement this Period <div>2500.00</div>
B. Full Name (Last, First, Middle Initial) Fleming for Congress Mailing Address PO Box 1236 City Minden State LA Zip Code 71058-1236 Purpose of Disbursement Campaign contribution Candidate Name Dr. John C Fleming Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: LA District: 04	Transaction ID: D60969 Date of Disbursement <div> <div>M M / D D / Y Y Y Y</div> <div>0 4 / 1 0 / 2 0 0 8</div> </div> Amount of Each Disbursement this Period <div>2500.00</div>
C. Full Name (Last, First, Middle Initial) McGoff for Congress Mailing Address PO Box 44003 City Indianapolis State IN Zip Code 46244-0003 Purpose of Disbursement Campaign contribution Candidate Name Dr Joun P McGoff Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: IN District: 05	Transaction ID: D60960 Date of Disbursement <div> <div>M M / D D / Y Y Y Y</div> <div>0 4 / 1 0 / 2 0 0 8</div> </div> Amount of Each Disbursement this Period <div>2500.00</div>

SUBTOTAL of Disbursements This Page (optional)

7500.00

TOTAL This Period (last page this line number only)

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 30 / 34

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

American Academy of Family Physicians Political Action Committee

A. Full Name (Last, First, Middle Initial) National Republican Senatorial Committee	Transaction ID: D61230 Date of Disbursement																				
Mailing Address 425 2nd St NE	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>4</td><td></td><td>2</td><td>8</td><td></td><td>2</td><td>0</td><td>0</td><td>8</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	4		2	8		2	0	0	8
M	M	/	D	D	/	Y	Y	Y	Y												
0	4		2	8		2	0	0	8												
City Washington State DC Zip Code 20002-4914	Amount of Each Disbursement this Period																				
Purpose of Disbursement Campaign contribution Candidate Name	<table border="1"> <tr> <td colspan="10">15000.00</td> </tr> </table>	15000.00																			
15000.00																					
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				
B. Full Name (Last, First, Middle Initial) CHARLES BOUSTANY JR MD FOR CONGRESS INC	Transaction ID: D60867 Date of Disbursement																				
Mailing Address Post Office Box 80126	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>4</td><td></td><td>1</td><td>0</td><td></td><td>2</td><td>0</td><td>0</td><td>8</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	4		1	0		2	0	0	8
M	M	/	D	D	/	Y	Y	Y	Y												
0	4		1	0		2	0	0	8												
City Lafayette State LA Zip Code 70598	Amount of Each Disbursement this Period																				
Purpose of Disbursement Campaign contribution Candidate Name Rep. Charles W. Boustany, Jr.	<table border="1"> <tr> <td colspan="10">1000.00</td> </tr> </table>	1000.00																			
1000.00																					
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: LA District: 07	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				
C. Full Name (Last, First, Middle Initial) CHRISTOPHER SHAYS FOR CONGRESS COMMITTEE	Transaction ID: D60959 Date of Disbursement																				
Mailing Address 98 East Avenue Rear Building	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>4</td><td></td><td>1</td><td>0</td><td></td><td>2</td><td>0</td><td>0</td><td>8</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	4		1	0		2	0	0	8
M	M	/	D	D	/	Y	Y	Y	Y												
0	4		1	0		2	0	0	8												
City Norwalk State CT Zip Code 06851	Amount of Each Disbursement this Period																				
Purpose of Disbursement Campaign contribution Candidate Name Rep. Christopher Shays	<table border="1"> <tr> <td colspan="10">2500.00</td> </tr> </table>	2500.00																			
2500.00																					
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: CT District: 04	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				

SUBTOTAL of Disbursements This Page (optional)

18500.00

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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☐ 21b ☐ 22 ☒ 23 ☐ 24 ☐ 25 ☐ 26
☐ 27 ☐ 28a ☐ 28b ☐ 28c ☐ 29 ☐ 30b

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NAME OF COMMITTEE (In Full)

American Academy of Family Physicians Political Action Committee

A. PETE STARK RE-ELECTION COMMITTEE

Full Name (Last, First, Middle Initial)

Mailing Address P.O. Box 8331

City State Zip Code
Fremont CA 94537

Purpose of Disbursement
Campaign contribution

Candidate Name
Rep. Fortney H. Stark

Category/
Type

Office Sought: ☒ House
☐ Senate
☐ President

Disbursement For: 2008
☐ Primary ☒ General
☐ Other (specify) ▼

State: CA District: 13

Transaction ID: D60874

Date of Disbursement

04 / 10 / 2008

Amount of Each Disbursement this Period

5000.00

B. SCHAKOWSKY FOR CONGRESS

Full Name (Last, First, Middle Initial)

Mailing Address P.O. BOX 5130

City State Zip Code
EVANSTON IL 60204

Purpose of Disbursement
Campaign contribution

Candidate Name
Rep. Janice D. Schakowsky

Category/
Type

Office Sought: ☒ House
☐ Senate
☐ President

Disbursement For: 2008
☐ Primary ☒ General
☐ Other (specify) ▼

State: IL District: 09

Transaction ID: D61220

Date of Disbursement

04 / 28 / 2008

Amount of Each Disbursement this Period

2500.00

C. JOHN SULLIVAN FOR CONGRESS INC

Full Name (Last, First, Middle Initial)

Mailing Address Post Office Box 470840

City State Zip Code
Tulsa OK 74147

Purpose of Disbursement
Campaign contribution

Candidate Name
Rep. John Sullivan

Category/
Type

Office Sought: ☒ House
☐ Senate
☐ President

Disbursement For: 2008
☒ Primary ☐ General
☐ Other (specify) ▼

State: OK District: 01

Transaction ID: D60871

Date of Disbursement

04 / 10 / 2008

Amount of Each Disbursement this Period

1000.00

SUBTOTAL of Disbursements This Page (optional)

8500.00

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 32 / 34

☐ 21b ☐ 22 ☒ 23 ☐ 24 ☐ 25 ☐ 26
☐ 27 ☐ 28a ☐ 28b ☐ 28c ☐ 29 ☐ 30b

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NAME OF COMMITTEE (In Full)

American Academy of Family Physicians Political Action Committee

A. Full Name (Last, First, Middle Initial)
NATHAN DEAL FOR CONGRESS

Mailing Address PO BOX 902
PO BOX 902

City Gainesville State GA Zip Code 30503

Purpose of Disbursement
Campaign contribution

Candidate Name
Rep. Nathan Deal

Category/
Type

Office Sought: ☒ House
☐ Senate
☐ President

Disbursement For: 2008
☒ Primary ☐ General
☐ Other (specify) ▼

State: GA District: 09

Transaction ID: D60872

Date of Disbursement

04 / 10 / 2008

Amount of Each Disbursement this Period

2500.00

B. Full Name (Last, First, Middle Initial)
BECERRA FOR CONGRESS

Mailing Address P.O. Box 116

City Hyattsville State MD Zip Code 20781

Purpose of Disbursement
Campaign contribution

Candidate Name
Rep. Xavier Becerra

Category/
Type

Office Sought: ☒ House
☐ Senate
☐ President

Disbursement For: 2008
☒ Primary ☐ General
☐ Other (specify) ▼

State: CA District: 31

Transaction ID: D61219

Date of Disbursement

04 / 28 / 2008

Amount of Each Disbursement this Period

1000.00

C. Full Name (Last, First, Middle Initial)
FRIENDS OF GORDON SMITH

Mailing Address 228 S WASHINGTON STE 115

City ALEXANDRIA State VA Zip Code 22314

Purpose of Disbursement
Campaign contribution

Candidate Name
Sen. Gordon Smith

Category/
Type

Office Sought: ☐ House
☒ Senate
☐ President

Disbursement For: 2008
☒ Primary ☐ General
☐ Other (specify) ▼

State: OR District: 00

Transaction ID: D61218

Date of Disbursement

04 / 28 / 2008

Amount of Each Disbursement this Period

2000.00

SUBTOTAL of Disbursements This Page (optional)

5500.00

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 33 / 34

☐ 21b ☐ 22 ☒ 23 ☐ 24 ☐ 25 ☐ 26
☐ 27 ☐ 28a ☐ 28b ☐ 28c ☐ 29 ☐ 30b

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NAME OF COMMITTEE (In Full)

American Academy of Family Physicians Political Action Committee

A.

Full Name (Last, First, Middle Initial)

JOHN KERRY FOR SENATE

Mailing Address 10 G St NE
Ste 710

City Washington State DC Zip Code 20002-4288

Purpose of Disbursement
Campaign contribution

Candidate Name
Sen. John F. Kerry

Category/
Type

Office Sought: ☐ House
☒ Senate
☐ President

Disbursement For: 2008
☐ Primary ☒ General
☐ Other (specify) ▼

State: MA District: 00

Transaction ID: D61239

Date of Disbursement

04 / 28 / 2008

Amount of Each Disbursement this Period

2500.00

B.

Full Name (Last, First, Middle Initial)

PAT ROBERTS FOR SENATE

Mailing Address PO BOX 433

City GREAT BEND State KS Zip Code 67530

Purpose of Disbursement
Campaign contribution

Candidate Name
Sen. Pat Roberts

Category/
Type

Office Sought: ☐ House
☒ Senate
☐ President

Disbursement For: 2008
☒ Primary ☐ General
☐ Other (specify) ▼

State: KS District: 00

Transaction ID: D60866

Date of Disbursement

04 / 10 / 2008

Amount of Each Disbursement this Period

5000.00

C.

Full Name (Last, First, Middle Initial)

TIM JOHNSON FOR SOUTH DAKOTA INC

Mailing Address PO BOX 1859

City SIOUX FALLS State SD Zip Code 57101

Purpose of Disbursement
Campaign contribution

Candidate Name
Sen. Tim Johnson

Category/
Type

Office Sought: ☐ House
☒ Senate
☐ President

Disbursement For: 2008
☒ Primary ☐ General
☐ Other (specify) ▼

State: SD District: 00

Transaction ID: D60873

Date of Disbursement

04 / 10 / 2008

Amount of Each Disbursement this Period

1500.00

SUBTOTAL of Disbursements This Page (optional)

9000.00

TOTAL This Period (last page this line number only)

49000.00

Image# 28991028334

Form/Schedule: **SA15** Permissible reimbursement from connected organization for bank/credit card processing fees.
Transaction ID: **C416114**

Form/Schedule: **SA15** Permissible reimbursement from connected organization for bank/credit card processing fees.
Transaction ID: **C409369**
